2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State
03-20-2000 90128 040 ****61.25

DOCUMENT # N93000001282

1. Entity Name

BOUCHELLE ISLAND X CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
406 BOUCHELLE DR NEW SMYRNA BEACH FL 32169 US	1301 BEVILLE RD. SUITE 21 DAYTONA BEACH FL 32119-1503

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3173608 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
POLLARD, JACK CAM ALL FLORIDA REALTY SERVICES, INC. 1301 BEVILLE RD., #21 DAYTONA BEACH FL 32119	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ALLEN, EDWARD 406 BOUCHELLE DR, #204 NEW SMYRNA BEACH FL 32169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President/Treasurer Edward Allen 406 Bouchelle Dr. #204 New Smyrna Beach, FL 32169	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BARON, IDA 406 BOUCHELLE DRIVE, #102 NEW SMYRNA BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ALLEN, EDWARD 104 WAGON WHEEL WAY LAKE MARY FL 32746	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS HOECK, MARJORIE 406 BOUCHELLE DR. #101 NEW SMYRNA BEACH FL 32169	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Kathy Allen 406 Bouchelle Dr. #204 New Smyrna Beach, FL 32169	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ALLEN, KATHY 406 BOUCHELLE DR, #204 NEW SMYRNA BEACH FL 32169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ida Baron SIGNATURE REQUIRED 3/13/00 904-424-0530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #